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FEB 08 2007

February 8, 2007

Fax

Name: Examiner - Ojo O. Oyebisi
 Organization: United States Patent and Trademark Office
 Fax: 1-571-273-8300

From: Michael O. Scheinberg
 816 Congress Avenue, Suite 1200
 Austin, Texas 78701
 Phone: (512) 476-0005
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 Date: February 8, 2007
 Subject: Response to Office Action
 Attorney Docket No.: C064
 Pages: 22 (including this coversheet)

Comments:

APPL. NO.:	10/041,946	ART UNIT:	3628
APPLICANT:	James H. Wolfston , Jr. et al.	EXAMINER:	Ojo O. Oyebisi
FILING DATE:	01/07/2002		
TITLE:	Coordination of Independent Billing and Liquidity Providers to Facilitate Electronic Payments		

In connection with the above-identified patent application, applicants respond as follows:

1. Response to Office Action (16 p.)
2. Fee transmittal (1 p.)(in duplicate)
3. Petition for 2 Month Extension of Time (1 p.)(in duplicate)
4. Form PTO-2038 (1 p.)

Michael O. Scheinberg
 Patent Attorney

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
250.00

Complete If Known	
Application Number	10/041,946
Filing Date	01-07-2002
First Named Inventor	James Wolfson, Jr.
Examiner Name	Ojo O. Oyebisi
Art Unit	3692
Attorney Docket No.	C064

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FEB 08 2007**METHOD OF PAYMENT (check all that apply)** Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: **50-1635** Deposit Account Name: Michael O. Scheinberg

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 180

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = **1** x **= 25**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP = **1** x **=**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = **1** / 50 = **(round up to a whole number)** x **=****4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): Petition for 2 Months Extension of Time

225.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 476-0005
Name (Print/Type)	Michael O. Scheinberg		Date 02/08/2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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Multiple dependent claims

200

100

Total Claims

360

180

Extra Claims Fee (\$)

Fee Paid (\$)

- 20 or HP = 1 x 25 = 25

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = 3 x 25 = 75

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

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